

ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 26-DEC-2015		TIME 05:30:00		2. ADDRESS OF OCCURRENCE 4710 1/2 W ERIE ST CHICAGO, IL 60644		3. LOCATION CODE 289		4. SEAT/OCCUR 1111	
5. POSITION 9161		6. LAST NAME LAPALERMO		7. FIRST NAME ANTHONY M		8. STAR NO. 16727		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
10. RACE CODE WHI		11. AGE 507		12. HT. 185		13. WT. 185		14. DATE OF APPT 30-APR-2007	
15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 011 1172R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
20. LAST NAME LEGRIER		21. FIRST NAME QUIENTONIO		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK	
25. D.O.B.		26. HT. 504		27. WT. 125		28. ADDRESS		29. TELEPHONE NO.	
30. WAS SUBJECT ARMED/BLUNT INSTRUMENT <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS		34. BY WHOM? ER STAFF	
35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 02 Under Influence		36. CHARGES PLACED		37. CB NO.		38. IR NO.		39. DNA	
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LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

OFFENDER DECEASED.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at the time, it is the preliminary determination of the undersigned that P.O. RIALMO acted in accordance with Department Policy in that P.O. RIALMO fired his/her weapon after offender charged at P.O. RIALMO and his partner, P.O. LaPALERMO while swinging a metal baseball bat at them. P.O. LaPALERMO was standing behind his partner. P.O. RIALMO at the time P.O. RIALMO fired his weapon at the offender. U#15-027.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☒ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1078616 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STAPLES, MELISSA A

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

26-DEC-2015 12:06:00

79. TOTAL TRR's THIS EVENT No

2

LOG# 1078616

Attachment 9